

**CALIFORNIA EARTHQUAKE INSURANCE PREMIUM & POLICY COUNT DATA CALL
SIGNATURE PAGE**

CDI RSU-002 (REV 1/2005)

California Insurance Code
Section 10089.13 (a)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Company or Group Name</i>	<i>Company NAIC Code</i>	<i>Group Code</i>
<input type="text"/>	<input type="text"/>	
<i>Address</i>	<i>City, State, Zip Code</i>	

Please mark the appropriate box:

☐ Our Company did not write any business in Homeowners multi-peril (line 4.0), Fire (Line 1.0), and Commercial multi-peril (Line 5.1) in 2004.☐ Reporting Form is hereby submitted (due no later than **March 11, 2005**)

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

<input type="text"/>	<input type="text"/>	
<i>Signature of the Officer</i>	<i>Date</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of the Officer (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<input type="text"/>	<input type="text"/>	
<i>Title</i>	<i>E-Mail Address</i>	

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of the Contact Person (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<input type="text"/>	<input type="text"/>	
<i>E-Mail Address</i>		

Completed form(s) is (are) to be mailed to:

**CALIFORNIA DEPARTMENT OF INSURANCE
Rate Specialist Bureau
300 South Spring Street, South Tower, 14th Floor
Los Angeles, CA 90013-1230**